



WASHINGTON STATE DEPARTMENT OF  
**LICENSING**  
PRIVATE INVESTIGATOR SECTION  
P.O. BOX 9048  
OLYMPIA, WA 98507-9048  
(360) 664-6611  
FAX (360) 570-7888  
E-MAIL: security@dol.wa.gov  
WEB SITE: dol.wa.gov

## Private investigator License Application

FOR VALIDATION ONLY

001-070-299-0010

- ☐ **New Unarmed Applicant \$200**
- ☐ **Armed Endorsement \$100**  
in addition to \$150 fee, if new applicant
- ☐ **Transfer/Rehire \$25**  
in addition to renewal fee, if due
- ☐ **Renewal \$175**
- ☐ **Late Renewal \$200**
- ☐ **Certified Trainer Endorsement Renewal \$15**  
in addition to renewal fee

Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

### Applicant Information

Please type or print clearly and sign on page 2

Last Name	First Name	Middle Name	Date of Birth / /
Applicant's Residence Address (Street)			
City	State	Zip	Home Telephone No. ( )
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien	Social Sec. No. (Required per RCW26.23.150)	Gender <input type="checkbox"/> M <input type="checkbox"/> F

### Business Information

Business Name	Agency UBI No.	Agency License Expiration Date
Business Address (street address as it appears on the license)		
City	State	Zip
Business Telephone No. ( )	Fax No. ( )	

### Certification of Preassignment Training/Testing – new applicants only

This is to certify that \_\_\_\_\_ has  
APPLICANT NAME

successfully completed the preassignment training and testing requirements as outlined in WAC 308-17-300. Incorrectly answered questions were reviewed with the applicant and the test results have been verified and signed by me.

**X** \_\_\_\_\_  
SIGNATURE OF CERTIFIED TRAINER

\_\_\_\_\_ PRINTED NAME OF CERTIFIED TRAINER

Date \_\_\_\_\_  
CERTIFIED TRAINER LICENCE NUMBER

\_\_\_\_\_ CERTIFIED TRAINER EXPIRATION DATE

### Firearms Certification Course – new armed applicants only

RCW 18.165.040(c) requires armed private investigators to have an initial firearms certificate issued by the Criminal Justice Training Commission (CJTC), telephone (206) 835-7287. After you have completed the firearms training, CJTC will issue a notice that you have completed the training course. An armed license cannot be issued to you until your firearms certificate has been received by the Department of Licensing.

**Signature required on page 2**

As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.

**Please provide one clear set of fingerprints with your application.**

1. Have you **ever** been convicted of a crime including juvenile convictions? **Do not** include traffic convictions for driving under the influence, driving while suspended, or reckless driving.

☐ Yes ☐ No

- If you answered **Yes**, you must list the conviction(s) below and submit a **copy of the court record**.
- If you fail to provide the requested information, including the court records, your application may be denied.
- If you fail to disclose a conviction, your application may be denied for misrepresentation. If you are not sure of your record, please do the research before you apply. Application fees are non-refundable.

WHAT WERE YOU ARRESTED FOR?	DATE	CITY AND STATE	NAME OF COURT	OUTCOME OR CONVICTION CLASSIFICATION
1.				
2.				
3.				

For additional convictions, please use a separate piece of paper and follow the same instructions above.

2. Have you been licensed as a security guard in any jurisdiction? If "yes," in what jurisdiction? *(Please insert name of state, \_\_\_\_\_ and date \_\_\_\_\_)*. Yes No  
☐ ☐  
Check your Washington State License status at: <https://fortress.wa.gov/dol/dolprod/profquery/>

3. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? *(Please insert name of state, \_\_\_\_\_ and date \_\_\_\_\_)*. ☐ ☐

## Certification - Mandatory Signature

I, \_\_\_\_\_, PRINT APPLICANT NAME (FIRST, MIDDLE, LAST) , certify that the information provided in this application and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private security guard license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application pursuant to Chapter 18.170 RCW and RCW 18.235.

**X**

SIGNATURE OF APPLICANT

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**